


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT #A31801 1. Entity Name PINE LAKE SHOPPING CENTER, LTD.	
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FILED
 07 MAY 18 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business % SHANE SUCHMAN 1550 MADRUGA AVE., STE.230 CORAL GABLES, FL 33146	Mailing Address % SHANE SUCHMAN 1550 MADRUGA AVE., STE.230 CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03012007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2249059	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

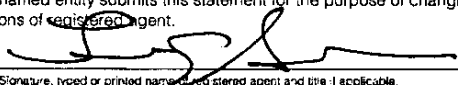
6. Name and Address of Current Registered Agent

~~SHANE, MARTIN H~~
~~1550 MADRUGA AVENUE~~
~~SUITE 230~~
~~CORAL GABLES, FL 33146~~

7. Name and Address of New Registered Agent

Name Lawrence E. Suchman
 Street Address (P.O. Box Number is Not Acceptable)
1550 Madruga Ave
Suite 230
 City Coral Gables FL Zip Code 33146

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/20/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	S50802	STREET ADDRESS	100103607081
NAME	PINE LAKE, INC.	CITY-ST-ZIP	05/31/07--01025--018 **500.00
STREET ADDRESS	1550 MADRUGA AVENUE		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  DATE 4/20/07 305-667-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE